

Armed Forces College of Medicine AFCM



Cranial Cavity1

 $\mathbf{B}\mathbf{y}$

Prof. Dr.: Eman Habib

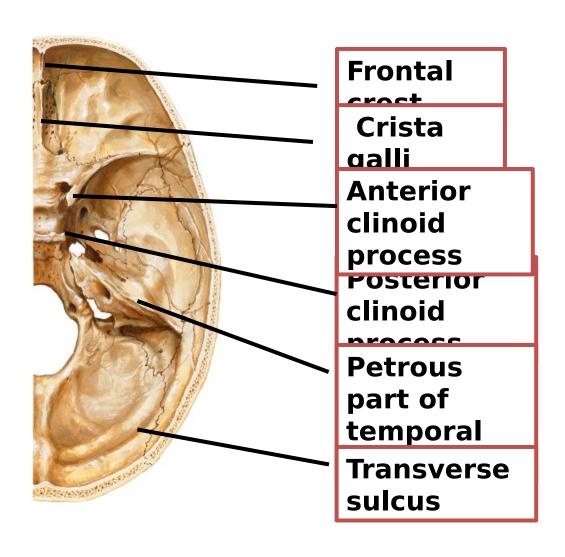
INTENDED LEARNING OBJECTIVE (ILO)

By the end of this lecture the student will be able to:

- 1. Name the different Dural folds
- 2. describe their positions, shape, attachments
- 3. Mention their contents & function
- 4. Describe the intracranial course of the internal carotid artery
- 5. Describe course, surface anatomy and applied anatomy of the middle meningeal artery

Norma basalis interna









MENINGES OF THE BRAIN

I- DURA MATER

ARACHNOID MATER III- PIA MATER



1- Dura Mater

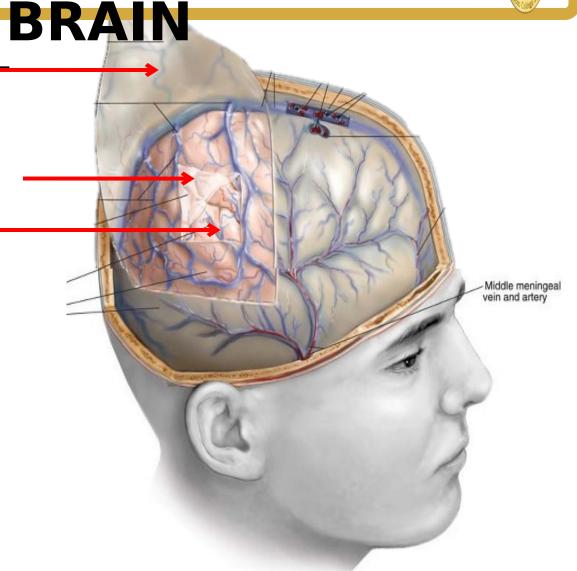
(outer layer)

2- Arachnoid

Mater (middle

layer)

3- Pia Mater (inner layer)

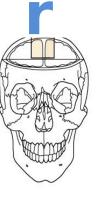


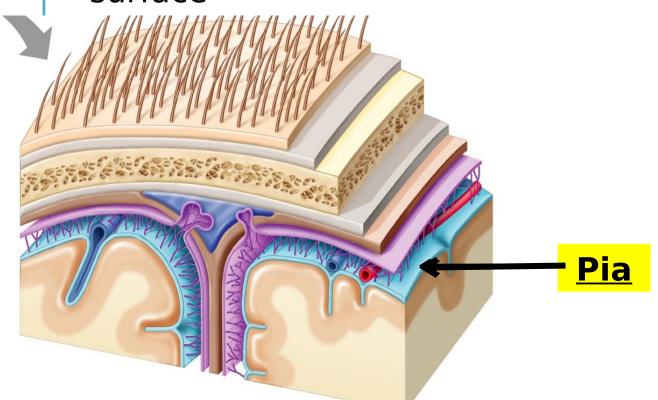


Pia mate



It follows the contours of the brain, entering grooves and fissures on its surface



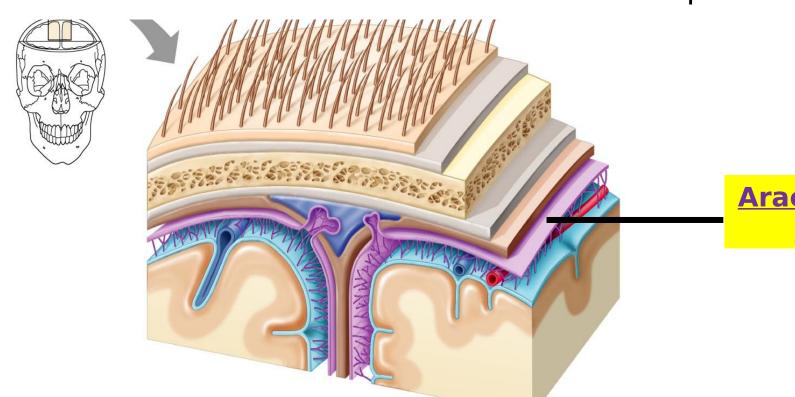




Arachnoi d mater

Bisatrin membrane.

From its inner surface thin trabeculae extend downward, cross the subarachnoid space, and become continuous with pia mater



Arachnoi d



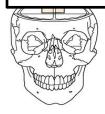
Dura Mater

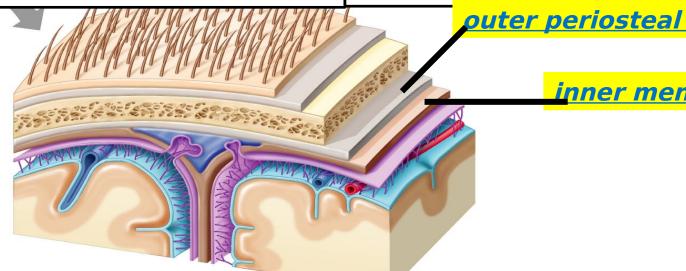
1- the outer periosteal <u>layer</u>

- It is the periosteum of the cranial cavity.
- > It is firmly attached to the skull.

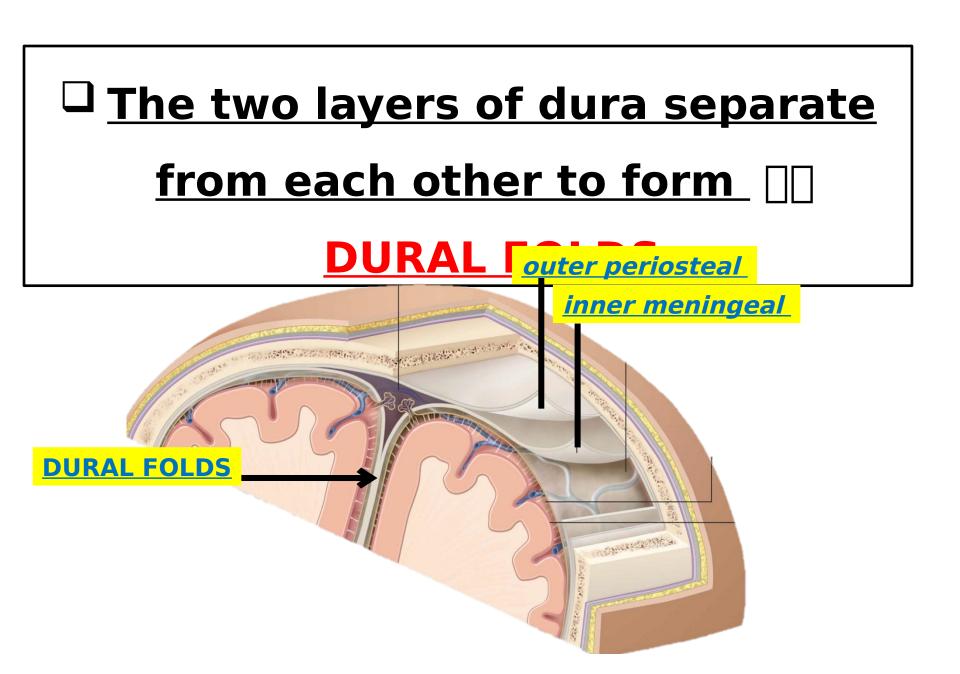
2- the inner meningeal <u>layer</u>

- It is in close contact with the arachnoid mater
- > It is continuous with the dura mater of spinal cord.





<u>inner meningeal</u>



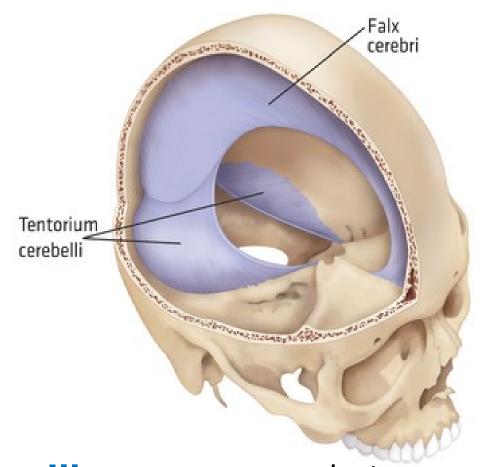


- 1) Falx Cerebri
- 2)Tentorium

Cerebelli

- 3)Falx Cerebelli
- 4)Diaphragma

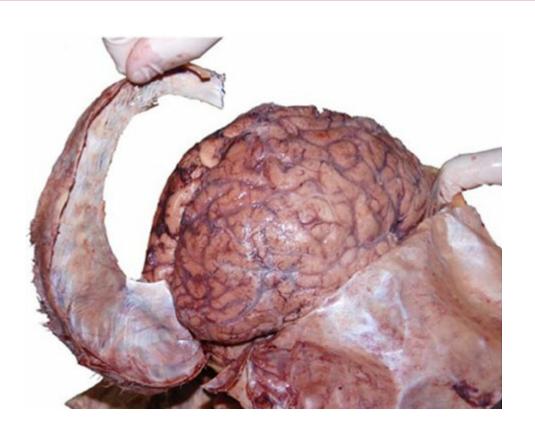
Sellae

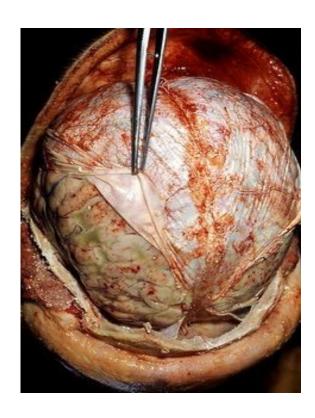


☐ **Function:** form **partition-like processes**, between different parts of the brain. They help to **stabilize the brain within the cranial cavity** during movements of head



<u> I- Falx Cerebri</u>

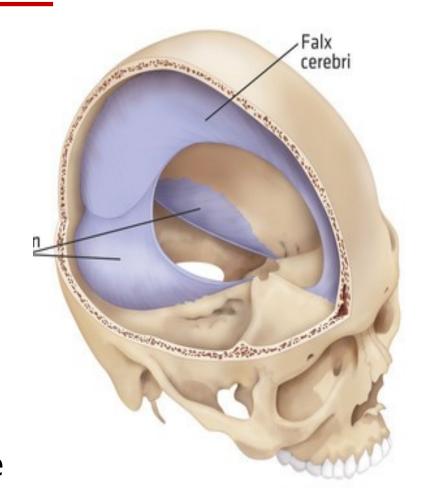






I- Falx Cerebri

- > is a large crescent-shaped
- projects vertically downward between the two cerebral hemispheres
- Apex: It is attached anteriorly:
- frontal crest.
- crista galli.
- Base: it is attached Posteriorly to upper surface of





l- Falx Cerebri

The margin of falix enclosing venous sinusis

Upper border ☐

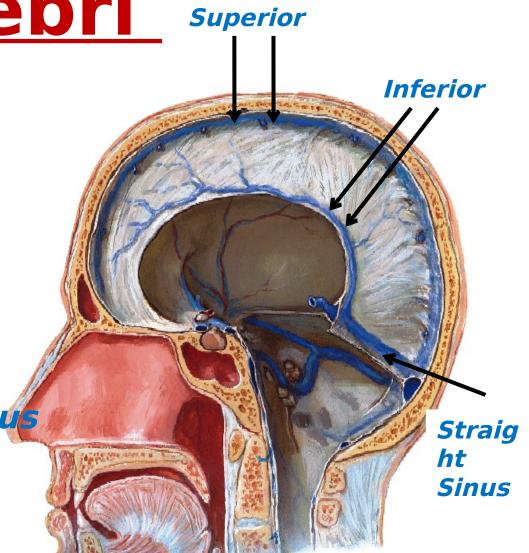
Superior Sagittal

Sinus.

Lower free border []

Inferior Sagittal Sinus

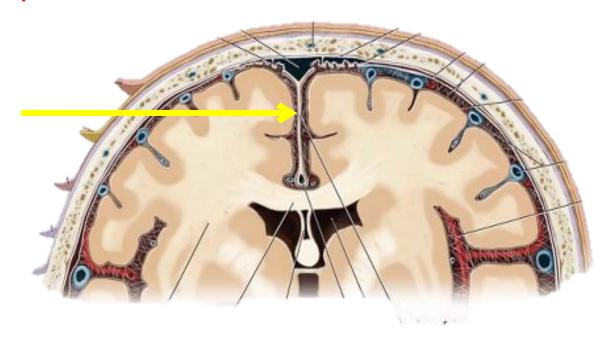
Base [] Straight Sinus.



Lecture Quiz



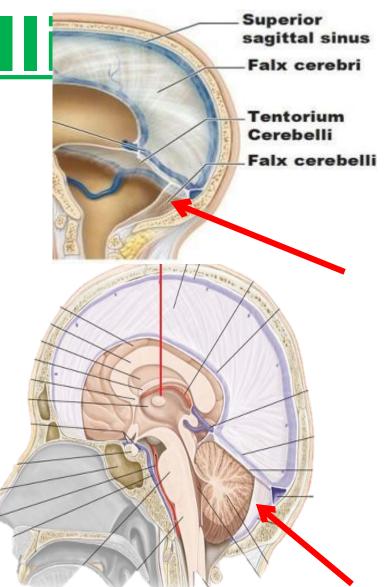
- ✓ Identify the dural fold present in the sagital section?
- ✓ Describe its relation with the nearby cerebral hemisphere?





<u>I- Falx Cerebell</u>

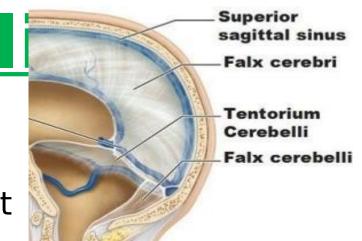
- is a small crescent-shaped
- projects vertically downward in posterior cranial fossa between the two cerebellar hemispheres
- Base: it is attached (superiorly) lower surface of tentorium cerebelli
- Apex: It is attached (inferiorly) the margins of the foramen magnum

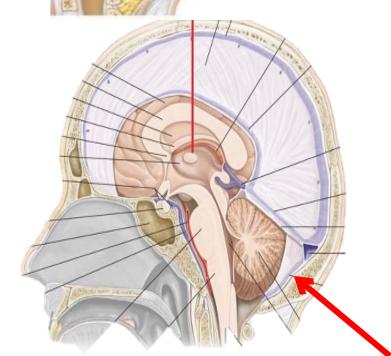




<u>I- Falx Cerebell</u>

- Posterior border :
- attached to internal occipital crest
- encloses the occipital sinus
- Anterior border: free







III- Tentorium Cerebelli

It forms a horizontal roof between cerebral and cerebellar hemispheres

Attached border:

- transverse sulcus
- upper border of petrous bone
- posterior clinoid processes.

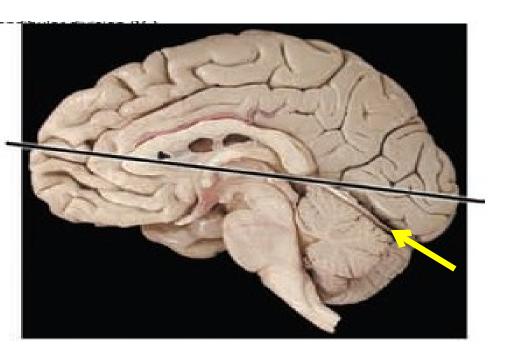
Free border:

forming U-shaped tentorial notch between anterior clinoid processes.

Lecture Quiz



- ✓ Identify the dural fold?
- ✓ Describe its relation?



Lecture Quiz



- ✓ Identify the dural fold?
- ✓ Describe its relation?





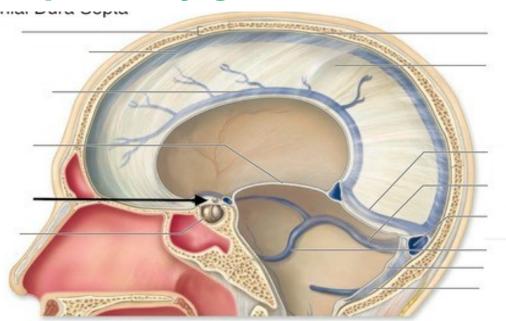
<u>IV- Diaphragma sellae:</u>

- ✓ Is a small dural fold
- extending between the 4 clinoid processes

✓ roofing the *hypophyseal fossa*.

✓ Has a central opening for passage of

pituitary gland.



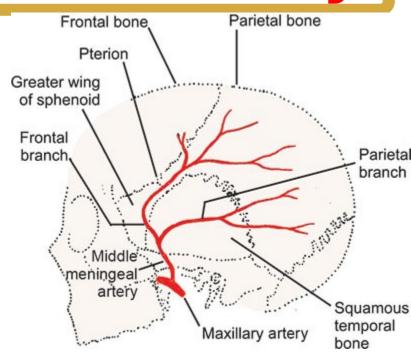


lood and Nerve supply of the dura mate

		Blood supply	Nerve supply
	Anterior cranial fossa	Ophthalmic artery. Middle meningeal artery.	Ophthalmic nerve.
	Middle cranial fossa	Middle meningeal artery. Accessory meningeal artery.	Maxillary nerveMandibular nerve
	Posterior cranial fossa	Occipital artery. Vertebral artery.	 Branches from C1, C2 and C3 nerves. Branches
	N.B: Anterior e	thmoidal nerve and vessel	s ar from 9 & 10 s supplying Crania l

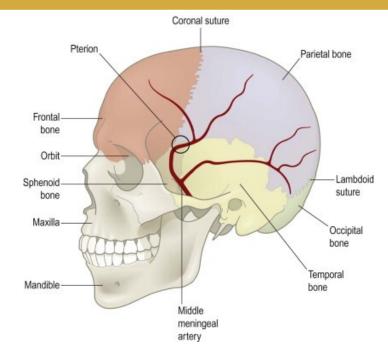
Middle Meningeal Arter

- Origin: from the first part of maxillary artery
- Course: Runs upwards to
- enter the middle cranial fossa
- through the foramen spinosum it runs between the two layers of the dura.
- ☐ It divides into
- I. frontal branch.
- II. parietal branch.
- ☐ It supplies
- 1. dura mater
- 2. Skull bones.



Middle Meningeal Arter

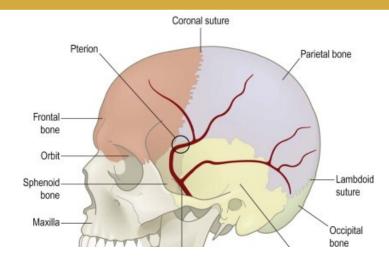
Surface Anatomy:



Surface Anatomy:

- a. Artery enters skull opposite a point *immediately* above the middle of zygomatic arch.
- b. It terminates into 2 terminal divisions 2 cm above the middle of zygomatic arch.
- c. Center of pterion is 4 cm above the middle of zygomatic arch and 3½ cm behind fronto-zygomatic suture. The pterion is grooved on the inside by the middle meningeal vessels, (It is the thinnest part of the skull and is liable to fracture).

Middle Meningeal Arter



Applied Anatomy:

A tear in the middle meningeal artery following head injury may cause extradural hemorrhage.

- a. The frontal branch is commonly involved. The resulting hematoma presses on the motor area, giving rise to *contralateral hemiplegia*.
- For decompression, the burr-hole (trephining) is made over the pterion (4 cm above the midpoint of zygomatic arch).

HEAD TRAUMA



*Epidural hematoma (Artery) middle meningeal artery rupture

Arterial

blood

Usually due to blow to the side of the head at the pterion (area is more where skull is thinnest/easiest to fracture).

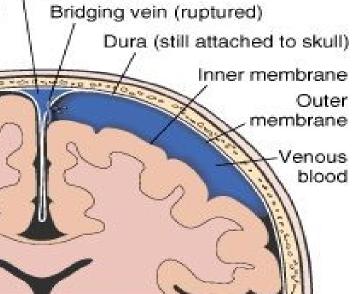
Dura (peeled off skull) | Bridging v

Fracture may rupture the anterior branch of middle meningeal artery.

Bura (peeled off skull)

2. Subdural hematomas
(Veins) usually of
venous origin

tears in bridging veins that cross the subdural space. is more common

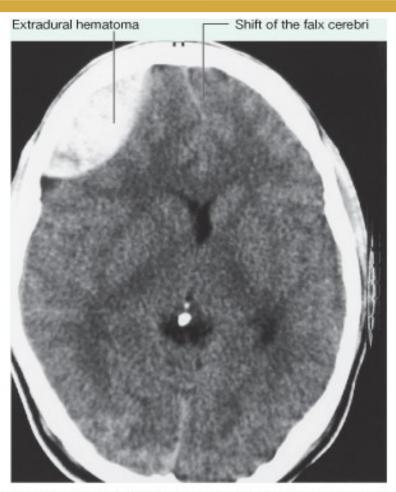


A. Epidural hematoma

B. Subdural hematoma

HEAD TRAUMA



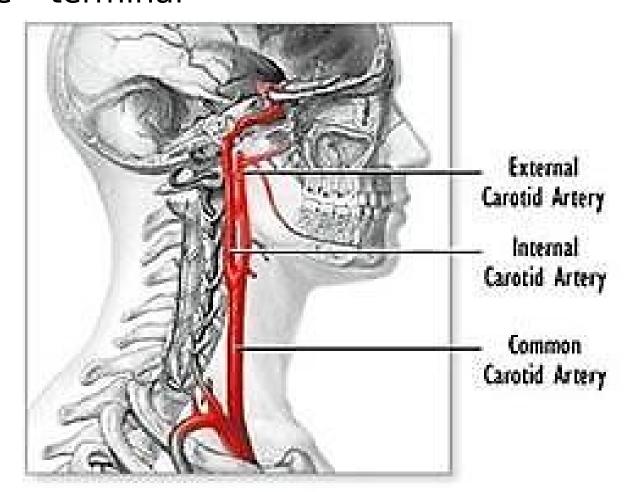


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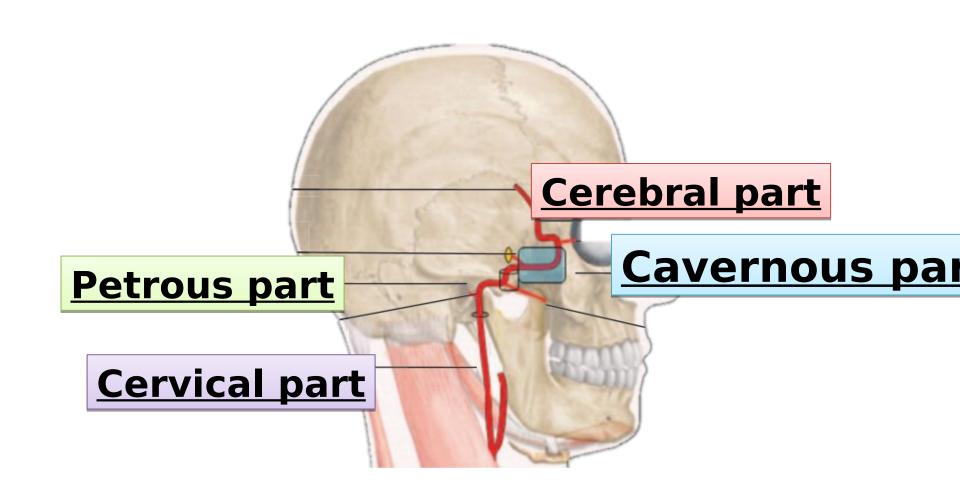
Internal carotid Artery

Origin: Begins in the neck as one of the terminal

branches of CCA



Internal carotid Artery®



References:

1 Snell's clinical anatomy by regions (2019): 10th Edition

2- Clinically oriented anatomy, K.L. Moore & A. F. Dalley

3- Grey's anatomy for students, Drake et. al.